Carrier Name: Blue Shield of California

Plan Name: Gold DPPO / $1500 / U90

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1,500: individual

Out-of-Network Annual Maximum: $1,500: individual

Frequencies Cleaning: 2 per calendar year

Frequencies Exam: 2 per calendar year

In-Network Cleanings: $0

Out-of-Network Cleanings: $0

In-Network Exams: $0

Out-of-Network Exams: $0

In-Network X-Rays: $0

Out-of-Network X-Rays: $0

In-Network Sealants: 10%

Out-of-Network Sealants: 20%

In-Network Fillings: 10%

Out-of-Network Fillings: 20%

In-Network Simple Extractions:

Out-of-Network Simple Extractions:

In-Network Root Canal: 10%

Out-of-Network Root Canal: 20%

In-Network Periodontal Gum Disease: 10%

Out-of-Network Periodontal Gum Disease: 20%

In-Network Oral Surgery: 40%

Out-of-Network Oral Surgery: 50%

In-Network Crowns: 40%

Out-of-Network Crowns: 50%

In-Network Dentures: 40%

Out-of-Network Dentures: 50%

In-Network Bridges: 40%

Out-of-Network Bridges: 50%

In-Network Implants: 40%

Out-of-Network Implants: 50%

In-Network Orthodontia: Not covered

Out-of-Network Orthodontia: Not covered

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: When you receive services from a Non-Participating Dentist, you pay any amount above the UCR rate. The Allowable Amount is based off the 90th percentile of UCR.

Waiting Period for Major Services: No waiting period

Plan Year: 2024

Network Type: PPO

Network Name: DPPO

Member Website: [www.blueshieldca.com](http://www.blueshieldca.com)

Customer Service Phone Number: